MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1			1		✓		51				1		/
2				1	-	1	52				1		/
3				1			53						
4				1		/	54				1		/
5				1		1	55				1		
6				1		/	56			1		/	
7				1		/	57				1		1
8				1		/	58				1		
9				1		/	59				1		
10				1		/	60				1		/
11				1		/	61				1		/
12			1			/	62				1		/
13				1		/	63						
14				1		/	64						
15				1		/	65						
16				1		/	66						
17				1		/	67						
18				1		/	68						
19			1				69						
20			1				70						
21				1		/	71						
22				1			72						
23				1			73						
24			1		1		74						
25			1		/		75						
26				1		1	76						
27				1		1	77						
28				1		1	78						
29			1				79						
30			1		/		80						
31				1		/	81						
32				1		/	82						
33				1		/	83						
34			1		/		84						
35			1		/		85						
36				1		/	86						
37				1		/	87						
38				1		/	88						
39			1		/		89						
40			1		/		90						
41				1		1	91						
42				1		1	92						
43				1		/	93						
44			1		/		94						
45			1		/		95						
46			1		/		96						
47				1			97						
48				1		1	98						
49				1		1	99						
50			1		/		100						
TOTAL IND.							TOTAL IND.			17		17	
TOTAL DEP.					30		TOTAL DEP.			45		45	
TOTAL CLAIMS							TOTAL CLAIMS			62		62	